

South Schuylkill Garden Club

www.southschuylkillgardenclub.com



MEMBERSHIP APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____

Home Phone _____

Email _____

As an active member of South Schuylkill Garden Club, I will:

- Serve on refreshment committee for the month of _____.
- Will participate on one or more the following committees:

___ Environmental Concerns

___ Pine Grove Butterfly Garden

___ Schuylkill Haven Butterfly Garden

___ Spring Plant Sale (May)

___ Schuylkill Haven Borough Day (Sept)

___ Day Trips/Activities

___ Program Committee

___ Memorial Garden Maintenance

___ Youth Projects

___ Scholarship Committee

___ Schuylkill Haven Library Planting

___ Orwigsburg Walborn Garden

___ April Membership Tea

___ Christmas Party

___ Community Beautification Award

___ Autumn Stroll (October)

___ _____

___ _____

Reason for and interest in becoming a South Schuylkill Garden Club member:

I know garden club member(s) _____

As a member of South Schuylkill Garden Club, I agree to have my name and address printed in SSGC Yearbook. Yes _____ No _____